

DENALI COMMISSION

510 "L" Street, Suite 410 Anchorage AK 99501

(907) 271-1414 Fax (907) 271-1415 Toll Free (888) 480-4321 www.denali.gov

October 10, 2003

Request for Letters of Interest (LOI) for Denali Commission FY 2004 Funding for Health Facility Program Categories 3, 4, and 5

Rural Hospitals – Primary Care, Assisted Living Facilities and Behavioral Health Facilities; and Conceptual Planning for Other Health Facility Projects

IMPORTANT

The Denali Commission has not yet received any funding in FY04 for Categories 3, 4, and 5 as identified in the Preliminary NOFA dated October 10, 2003. This LOI is issued in anticipation and preparation of federal funding for such categories in FY 04.

The Commission may consider Health Facility Funding Categories other than those categories listed above which were identified as priorities by the Commission's Health Steering Committee.

LOI INTENT

The following request for LOIs is issued by the Commission in an effort to gather information on potential projects in the three funding categories listed above (Primary Care in Rural Hospitals, Assisted Living, and Behavioral Health). The purpose of this request for LOIs is two-fold.

First, to generate a list of construction ready projects in the three aforementioned categories for FY04 funding. Second, to generate a list of projects in need of conceptual planning for potential funding in future fiscal years for health facility projects outside of the Primary Care Clinic Program.

PROGRAM REQUIREMENTS AND DEFINITIONS

Investment Policy

LOI applicant projects must be consistent with the Denali Commission draft Investment Policy (Investment Policy is provided on web page www.denali.gov). While this policy is in effect, the Commission is soliciting comments on it, and welcomes your input.

Construction Ready Projects

For the purposes of this LOI construction ready means the project has **site control**, minimum **cost share match***, 100% **design** drawings and **permits**, and documentation of **sustainability** through a business plan. Additionally, projects must have a construction start no later than September 1, 2004. Applicants who believe they are currently construction ready, or will be construction ready by the September 1, 2004 deadline should provide an explanation in the LOI discussing their timeline and plan for achieving construction readiness.

*Match Requirements

Cost Share Match is statutorily required for all Denali Commission projects. The Health Facilities Program requires either a 50% or 20% cost share match for construction funding. Cost share match determinations are based on a community's "distressed" (20%) or "non-distressed" (50%) community classification. The list of community classifications is available on the Commission's website, www.denali.gov, "Health Care Facilities" link, "Other Related Documents" link, "Distressed Community Criteria & Surrogate Standard" document.

Federal Funding NOTE

Federal funds can not be used to match Denali Commission funds unless explicitly provided by law. Examples of federal funds which may be used as a cost share match are NAHASDA and ICDBG funds.

LOI PROCESS

The Commission encourages all eligible applicants who can meet the program intent and above requirements to submit a LOI to the following address:

Denali Commission Attn. Tessa Rinner 510 L Street, Suite 410 Anchorage, AK 99501 907-271-1414

Review of LOIs for construction ready projects will begin immediately, however the deadline for construction ready LOI submissions is **November 25, 2003** (close of business). This deadline will allow the Commission to solicit full proposals and in turn provide funding recommendations for approval by the full Commission at the January 23, 2004 Quarterly meeting.

Those projects which are not construction ready at this time may submit a LOI for conceptual planning to the address listed above. Conceptual planning LOIs will be reviewed upon receipt, and must be received by **January 30, 2004 (close of business)**.

Applicants with LOIs indicating all minimum requirements are or can reasonably be met in the required construction ready time-frame will be invited to submit a complete proposal. The Commission reserves the right to request additional information if needed.

LOI FORMAT

Only the LOI should be submitted at this time. PLEASE DO NOT INCLUDE ADDITIONAL DOCUMENTATION.

The LOI must include a completed LOI Project Summary Form as a coversheet and a completed IRS Release of Information form (forms are provided on page 4 & 5).

Both construction ready and conceptual planning LOIs should, at a minimum reference the following elements or discuss why they do not apply at this time (conceptual planning projects only):

• Brief Project Description including:

- o Overview
- o Background information

• Description of Service Delivery Plan including:

- o Description of existing and proposed service delivery plan(s)
- o Demonstration of need

• Brief Description of Program Requirement Status including:

- o Comprehensive Community Plan
- Cost Share Match
- o Site Control
- o Design
- o Permits
- Sustainability
 - Overview of operation and maintenance plan
 - Overview of repair and replacement plan

• Behavioral Health Facilities

o In the case of behavioral health facilities a discussion of the proposed project's attention to integration and continuum of care in the community is requested.

Denali Commission Request for LOIs

LOI Project Summary Form – Health Facilities (Non-Primary Care ONLY)

Applicant Information				
Legal Name of Applicant:				
Community(ies) to be served	1:			
Descriptive Title of Project:				
Cost Summary				
Estimated Cost of Project:		\$		
Applicant Cost Share:	(20% or50% of construction cost depending on community classification)	\$		
Amount Requested from the Denali Commission:	(Project Cost minus Cost Share)	\$		
Current Project Status (check only 1 box)				
Conceptual Planning ?	Design ? Constructi	on ?		
Construction Ready Projects ONLY (check all that are complete)				
☐ Site Control Secured ☐ Permits Secured				
☐ 100% Design Drawing Secured ☐ Cost Share Match Secured				
Representatives of the Applicant				
Contact Person	(A person who submitted the LOI and can answer questions about it)			
Name: Title:				
Phone & Fax #:				
Address:				
E-mail address:				
Representative:	(A person who can conduct business on behalf of the Applicant)			
Name:				
Title:				
Phone & Fax #:				
Address:				
E-mail address:				
Representative Signature:		Date:		



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Authorization to Request Federal Tax Information All Applicants Must Complete This Form

We hereby authorize the Denali Commission (Commission) to obtain information from the Internal Revenue Service (IRS) concerning our federal tax returns for the tax Forms(s) **941**, **940**, **720** and information return Forms **W-3**, **W-2**, **1096**, and **1099** for all tax periods from 01/01/1998 to 12/31/2002. The following information may be released by the IRS to the Commission provided the request is made to the IRS within 60 days of our signature and date of this authorization.

and	Whether we have failed to file Employment/Excise tax returns for which returns are currently due. Whether we have failed to file Information returns (Forms W-3, W-2, 1096, 1099) and Civil Penalties are due. Whether notices of Federal Tax Liens have been filed against us in any recording District. Whether we currently have a formal payment arrangement for any amounts owed to the IRS.					
Sp	ecific use not recorded on Centralize	ed Authorization File (CAF)				
l ce	ertify I have the authority to execute	this form with respect to the tax matter	s/periods covered.			
Χ						
5	Signature and Title	Name (Please Print)				
1	Taxpayers Name	Taxpayer Employer I.D.				
T	axpayers Address					
[Date					
		REPLY				
	Federal Tax Arrearage: Years/Per Notice(s) of Federal Tax Lien Reco	iods: Amount:	State:			
	Federal Tax Lien(s) may be release	Balance Due:ed for payment of : \$	bv			
	No recorded Notice of Federal Tax Lien against the above taxpayer(s) has been located.					
		ving tax periods / Information Returns _ eral employment and/or excise tax filin				
		deral Tax Deposit: (yes)				
		FOR INTERNAL REVENUE SE	RVICE:			
			Title:			
			Date:			